LETTERS TO THE EDITOR

Letters intended for publication should be a maximum of 500 words, 10 references, and one table or figure, and should be sent to the editor at the address given on the inside front cover. Those responding to articles or correspondence published in the journal should be received within six weeks of publication.

Public health priorities

EDITOR,—The 15 July 1998 issue of the *Journal of the American Medical Association* (*JAMA*) was dedicated to reports on the process of research publication. It included an article lead authored by the then editor of *JAMA*, entitled "A comparison of the opinions of experts and readers as to what topics a general medical journal (*JAMA*) should address."[1] The study concluded that tobacco issues were of lesser importance than issues such as managed care (the polled experts' top-ranked priority) and aging (the polled readers' top-ranked priority). This prompted the letter to the editor of *JAMA* that follows. It was not accepted for publication. We feel it is important to discuss this here, not only for the issues we raise in our unpublished letter, but also for the implications that their decision to not publish this letter raises.

"Dear Editor,

"The recent poll of expert and *JAMA* reader opinions regarding importance of topics to cover in the journal[1] raises serious concern. In particular, the fact that tobacco was rated rather low in comparison to its public health importance (it is, remember, the number one cause of disease and death in the United States[2]) by both the experts and the polled readers is alarming. Further, the readers ranked it a substantially lower priority than the editors (55th *v* 17th of 73 total topics, respectively). The authors were so impressed by this divergence of opinion that they have 'altered [the] manuscript acceptance process to become even more reader-friendly'[1] (page 290).

"While it is certainly important to create a publication that appeals to the readers' interests, it is also critical to retain the importance of the expertise of the editorial board in defining the goals and scope of the publication. While tobacco-related research may seem a dead-horse to readers, as long as the tobacco industry is alive and viable it may be the number one threat to the health of the world's peoples.

"While the role of journals is certainly to keep clinicians informed about practical tools for their respective practices, it also is to inform them about new scientific discoveries not likely to be immediately useful. It also is to provide leadership in setting the agenda and responsibility for the types of problems to be given serious attention by practicing physicians. The latter two goals are not likely to be among the more popular contents, but popularity and enjoyability should not dictate scientific agendas. Nor should they result in a decision to eliminate the requirements for or availability of the information.

"We urge the editors and AMA Board members to recall their decision to alter publication rules in light of audience preferences, especially with respect to tobacco related disease, and to explicitly affirm the policy represented by the AMA: 'the AMA maintains an unequivocal stance against tobacco' and 'further efforts should be made to educate physicians, the public, and policymakers about the consequences of tobacco use, the predatory nature of the tobacco industry, and ways individuals can break their addiction to tobacco'[3] (page 257)."

1 Lundberg GD, Paul MC, Fritz H. A comparison of the opinions of experts and readers as to what topics a general medical journal (JAMA) should address. *JAMA* 1998; **280**:288–90.
2 McGinnis JM, Foege WH. Actual causes of death in the United States. *JAMA* 1993; **270**:2207–12.
3 Todd JS, Rennie D, McAfee RE, *et al.* The Brown and Williamson Documents: Where do we go from here? *JAMA* 1995;**274**:256–8.

After a seven month delay we received a rejection letter from Margaret Winker, MD, senior editor of *JAMA*. The relevant portion was as follows:

"In response to your concern, we continue to believe that tobacco and other extremely important public health issues are a high priority for *JAMA* regardless of the scores on the survey. Thus, many of our editorial priorities will not change. The reader survey emphasized that physician readers wish to know information useful for their daily practices; that is the message to which we are responding."

We feel that our letter, in combination with this reply, would have provided a valuable exchange of ideas for the readership of *JAMA*. Unfortunately, we can now hope only to preach to the choir. We wonder whether the *JAMA* editors will live up to this implicit commitment to continue publishing tobacco-related research, despite not making the commitment publicly. However, even if tobacco-related publication rates do not decline, we will never know how many tobacco-related submissions are rejected for publication and whether this rejection rate increases over time relative to issues rated as higher priorities by the editors and readers. We wonder who is the *JAMA* readership, and if their readership is even representative of all practicing physicians. Their priorities certainly don't match the best interests of public health.

DENNIS R WAHLGREN
MELBOURNE F HOVELL
Center for Behavioral Epidemiology and Community Health, Graduate School of Public Health, San Diego State University, San Diego, California, USA; wahlgren@mail.sdsu.edu

Smoking cessation rate among outpatients at a cancer hospital

EDITOR,—We examined the smoking cessation rate among outpatients two months after their first visit to Aichi Cancer Center Hospital, where no programmed cessation support for smokers was provided. Subjects were first-visit outpatients who participated in a lifestyle questionnaire survey, HERPACC (Hospital-based Epidemiologic Research Program at Aichi Cancer Center)[1] between 16 September 1997 and 11 September 1998. HERPACC identified 1304 smokers, of whom 1131 (86.7%) agreed to participate in the follow-up study. A brief questionnaire including questions on disease diagnosed ("cancer", "non-cancerous disease", "no disease", or "under examination") and smoking behaviour, was sent to the participants two months after the completion of the first questionnaire. Two participants had died and the addresses for five participants were incorrect, resulting in 1124 eligible participants (755 males and 369 females). Those aged under 40 years were 16.2% (males) and 40.7% (females).

The response rates at follow-up were 62.1% (males) and 47.4% (females). Among respondents, 201 males and 31 females had been diagnosed as having cancer. Those answering that they had quit smoking were 77.1% (95% confidence interval (CI) = 71.3 to 82.9) in the male patients with cancer and 58.1% (95%CI = 40.7 to 75.5) in the female patients with cancer. The difference in the abstinence rate between male and female respondents was statistically significant ($p<0.05$). Odds ratios of smoking cessation for sex, age, and diagnosis were calculated by a multivariate unconditional logistic model (table). In the analysis for 644 respondents, sex and diagnosis were found to be significant factors predicting smoking cessation. The estimated odds ratio for females was about half that of males. In comparison with participants without dis-

Odds ratios (OR) and 95% confidence intervals (95% CI) of smoking cessation for 644 respondents by multivariate unconditional logistic model

Characteristics	*n*	*Cessation (%)*	*OR*	*95% CI*
Sex				
Males	469	43.9	1.00	
Females	175	18.3	0.492	0.289–0.838
Age (years)				
<40	111	18.0	1.00	
40–59	299	36.8	1.91	0.978–3.71
≥60	234	46.2	1.70	0.848–3.40
Diagnosis				
No disease	221	8.6	1.00	
Cancer	232	74.6	27.5	15.6–48.5
Non-cancerous disease	88	21.6	2.90	1.44–5.86
Under examination	70	22.9	2.98	1.42–6.25
No answer	33	33.3	5.74	2.37–13.9

Frequency and duration of tobacco-related scenes in television dramas for Japanese young audiences

Drama	*a*	*b*	*c*	*d*	*e*	*f*	*g*	*h*		
Television station	*N*	*N*	*F*	*F*	*F*	*T*	*T*	*T*		
Year of broadcasting	*1995*	*1996*	*1995*	*1996*	*1996*	*1995*	*1996*	*1996*	*Total*	*(%)*
Total number of episodes	12	13	11	11	11	12	13	11	94	
Total hours of broadcasting (hours:min:s)*	9:28:47	9:15:45	8:28:32	9:18:39	8:49:15	9:12:00	9:58:47	8:28:41	73:00:26	
Number of tobacco-related scenes†‡	11	15	19	58	71	46	22	66	308	(100.0)
Smoking scenes	8	11	16	46	62	37	21	54	255	(82.8)**
Having a link with the storyline§	3	2	3	6	6	9	0	12	41	(13.3)**
By the main actor/actress	1	0	3	32	27	34	0	39	136	(44.2)**
By women	0	2	3	9	1	1	4	29	49	(15.9)**
Number of tobacco-related scenes per hour	1.16	1.62	2.24	6.24	8.05	5.00	2.21	7.80	4.22¶	
Total minutes of tobacco-related scenes (min:s)†	5:21	2:44	5:34	30:46	19:21	22:47	13:54	34:38	2:15:05	(3.1)††
Smoking scenes	4:18	2:07	4:47	27:49	17:12	19:40	13:39	32:25	2:01:57	(90.4)‡‡
Having a link with the storyline§	1:23	0:18	1:31	2:47	2:10	5:42	0	12:22	26:13	(19.3)‡‡
Duration per tobacco-related scene(s)	29	11	18	32	16	30	38	31	26¶	

*The sum of video recording hours.
†Cigarette smoking, holding between one's lips, handling of cigarettes/packages, purchasing and ashtrays.
‡Cuts of the same sequence were counted as one scene.
§Dialogue regarding smoking/tobacco or explanatory scenes with tobacco use, such as implying passing of time.
¶Average.
**Proportion to the number of tobacco-related scenes (%).
††Proportion to the total hours of broadcasting (%).
‡‡Proportion to the total minutes of tobacco-related scenes (%).

ease, the odds ratio of cessation for those diagnosed with cancer was markedly large (OR = 27.5). The estimate was 2.90 for participants with a non-cancerous disease , and 2.98 for participants still under examination.

Visiting a hospital as a patient or becoming ill provides smokers with a good opportunity to consider smoking cessation. It has been reported that most patients with serious diseases, such as myocardial infarction,[2 3] quit smoking with or without cessation support. We obtained a similar finding for patients with cancer in Japan. Of interest is that female patients were less likely to quit smoking than male patients, although the number of female smokers with cancer was limited. The cessation rate observed in this study is higher than that in other situations. Smokers attending hospital are sensitive to advice and good targets for cessation programmes.

NOBUYUKI HAMAJIMA
YOHKO KUROBE
KAZUO TAJIMA
Division of Epidemiology, Aichi Cancer Center Research Institute, Nagoya, Japan

Correspondence to: Dr Hamajima, Division of Epidemiology, Aichi Cancer Center Research Institute, 1–1 Kanokoden, Chikusa-ku, Nagoya 464–8681, Japan; nhamajim@aichi-cc.pref.aichi.jp

1 Inoue M, Tajima K, Hirose K, *et al*. Epidemiological feature of first-visit outpatients in Japan: comparison with general population and variation by sex, age, and season. *J Clin Epidemiol* 1997;**50**:69–77.
2 Taylor CB, Houston-Miller N, Killen JD, *et al.* Smoking cessation after acute myocardial infarction: effects of a nurse-managed intervention. *Ann Intern Med* 1990;**113**:118–23.
3 Ockene J, Kristeller JL, Goldberg R, *et al.* Smoking cessation and severity of disease: the Coronary Artery Smoking Intervention Study. *Health Psychol* 1992;**11**:119–26.

Tobacco-related scenes in television dramas for young Japanese audiences

EDITOR,—The frequency and duration of tobacco-related actions, including cigarette smoking and handling of cigarettes or packs, and purchasing, were measured in 94 episodes of eight series of one-hour television dramas broadcast in Japan by three nationwide commercial stations in 1995 and 1996. These dramas mainly targeted a young audience. The role and sex of smokers and whether their tobacco-related actions had a link with the storyline were also recorded. Tobacco-related scenes that included explicit dialogue regarding smoking or tobacco, or that explained any situation, were classified as having a link with the storyline. For example, an ashtray with many cigarette ends was considered as a cinematic device depicting the passing of time. Inconclusive scenes were classified into this category to avoid recording them as false negatives. None of these drama series were sponsored by tobacco companies although all three stations broadcast cigarette advertising from 10.54 pm to 5 am on weekdays at that time.

The average number of tobacco-related scenes per hour was 4.22, which was much higher than that recorded in previous studies (0.35–1.20) in the United States in the 1980s and 1990s[1–3] (table). The most frequent tobacco-related action was cigarette smoking. The frequency and total duration of tobacco-related actions varied greatly among the series of dramas. Not surprisingly, the frequency and total duration of tobacco-related scenes increased when the main actor or actress was a smoker. Although tobacco-related scenes by actresses were much less frequent than those by actors, some dramas featured many female smokers. Approximately 13% of all tobacco-related scenes were classified as having a link with the storyline. Only one tobacco-related scene out of 308 gave an explicitly negative portrayal of smoking.

The relatively high frequency of smoking figures in television dramas would appear to be related to the Japanese social norm which is highly tolerant of smoking. The use of tobacco in television dramas, like that in movies,[4 5] would reinforce misleading ideas that smoking is socially acceptable and desirable. It should be possible to decrease tobacco-related scenes in television dramas that target a young audience. Many depictions of smoking are gratuitous and have no link with the storyline. The elimination of smoking in such situations would not affect the storyline. A recent survey[6] found that the daily smoking rate in 18-year-old high-school students was 25% (males) and 7% (females). Reducing tobacco-related scenes in television dramas would help change the social norm about smoking, especially among young people.

This research was funded by the Meiji Life Foundation Health and Welfare, Japan.

TOMOFUMI SONE
Department of Public Health Administration, National Institute of Public Health, 4–6–1 Shirokanedai, Minato-ku, Tokyo, 108–8638, Japan; sonetom@iph.go.jp

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5 Stockwell Teti T, Glantz SA. Smoking in movies remained high in 1997. *Tobacco Control* 1998; **7**:441.
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